



CITY CLERK'S OFFICE
CITY OF ENGLEWOOD
2-10 North Van Brunt Street
Englewood, NJ 07631
Phone: (201) 510 - 8212
Fax: (201) 567- 4395
Email: ywazirmas@cityofenglewood.org

Fee: \$250 (191-6)

Ice Cream Peddler License Application (311-10)

City Code Chapter 311 Article I

Date: _____

Driver License # _____

License # _____

Social Security # _____

1. Name of applicant: _____ **Date of Birth:** _____

2. Permanent home address of applicant: _____
_____ **Telephone #** _____

TRADE NAME OF BUSINESS: _____

3. Name and address of owner of vehicle as registered with Motor Vehicle Department:

4. Description of vehicle to be licensed:

Model/Year: _____

Serial Number: _____ **Motor Number:** _____

Name of person or firm or any other insignia appearing on vehicle:

5. Address where vehicle is stored: _____

6. Date of purchase of vehicle: _____

7. Name and address of person from whom purchased: _____

8. If applicant is not owner of vehicle, state what interest applicant has in said vehicle:

9. Does any person, firm, or corporation, other than applicant, have any interest in the vehicle to be licensed? _____

If so, give name, address, and interest of each individual: _____

10. Name and address of source where ice cream or ice cream products are purchased:

11. Name and address of three business references:

12. Names and addresses of all salesmen on said vehicle:

13. Has applicant ever been arrested? Give details: _____

14. Applicant's State Peddler's License Number: _____
(Only Veterans) as provided under R.S.45:24-9

SIGNTURE

I fully realize that I must comply with all Zoning Regulations and City Ordinances.

The receipt of this application and the payment of the necessary fee does not give the applicant any rights hereunder until approval and a formal license are issued. Fees are not refundable.

Photograph attached

REPORT OF CHIEF OF POLICE

Date: _____

Signature of Chief of Police

REPORT OF THE HEALTH DEPARTMENT

Date: _____

Signature